DECLARATI	ON AND	Attor	ney Docket Number	21056								
POWER OF AT		First	Named Inventor	Changyou Zhou								
PATENT APPI	<b>ICATION</b>	COMPLETE IF KNOWN										
(37 CFR 1	.63)	Appli	cation Number		<u> </u>							
Declaration Submitted	Declaration Submitted after Initial	Filing	Date									
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))		Art Unit									
	required)	Exam	iner Name									
	<u>.</u>											
As a below named invento	r, I hereby declare th	at:										
My residence, mailing addre	ess, and citizenship are	as state	d below next to my nam	e.								
				) or an original, first and joint inverent is sought on the invention entitle		ural						
PIPERIDINYL CYCLOPEN	ΓYL ARYL BENZYL.	AMIDE	MODULATORS OF C	HEMOKINE RECEPTOR ACTIV	ITY							
the specification of which	***	(7	Title of the Invention)									
bears the Attorney Doo	eket Number and Title	of the In	vention noted above									
OR	exet Number and Title	or the m	vention noted above									
OR is attached hereto												
OR												
was filed on (MM/DD/YYYY) as United States Application Number or PCT International												
Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as												
amended by any amendment specifically referred to above.												
I acknowledge the duty to di	isclose to the Patent an	nd Trader	nark Office all informat	tion known to me to be material to	natentabil	litv						
as defined in 37 CFR 1.56, i	ncluding for continuati	ion-in-pa	art applications, materia	l information which became availal	ble betwe							
				late of the continuation-in-part app								
				of any foreign application(s) for pa ast one country other than the Unite								
America, listed below and ha	ve also identified belo	w, by ch	ecking the box, any fore	eign application for patent or inven	tor's certi							
or of any PCT international a	pplication having a fil	ing date	before that of the applic	eation on which priority is claimed.								
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO							
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Additional foreign applica	ation numbers are listed or	n a supple	emental priority data sheet	PTO/SB/02B attached hereto.	<del></del>							
I hereby claim the benefit under	35 U.S.C. 119(e) of any	United St	ates provisional application	n(s) listed below.								
Application Number(-)			Filing Date	Aug. D. La V.								
Application Num	<del></del>	0/30/20	(MM/DD/YYYY)	21056PV	Attorney Docket Number							
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## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claidesignating is not disclosed 35 U.S.C. 11 37 CFR 1.56 date of this a	the Uni sed in tl 12, I acl 5 which	ne prior Unit knowledge th became ava	America, ed States ee duty to	listed or PC disclo	below T inter se info	and, ins national ormation	sofar appli knov	as the ication wn to	subjec in the me to b	t matter manner be mater	of each o r provided rial to pate	f the contability	laims o e first p ity as de	f this aragra	application  iph of  in	on
U.S. Parent Application or PCT Parent							Parent Filing Date (MM/DD/YYYY)					Parent I				
Application Number							(IVIIVI	/DD/11	11)	1		(if applicable)				
		or PCT interna														
As a named in following reg connected the	istered p	ractitioner(s) t	nt, respect o prosecut Practitions OR Registered	e this a ers Ass	pplicati ociated	on and to	trans	act all	busines r	s in the U	with full po Jnited State	ower of	substitu at and Tr	tion an adema	id revocati rk Office	on, the
	Nan	ne			Regist	ration				N:	ame		Registration			
David Rubin				30 314	<u>Num</u>	ber	Г	David	L. Ros					26,33	Number 2	<u>r</u>
David Rubin	30,314				*			Juvia	2. 103							
								-								
Direct all con	rrespon	dence to: X	Custon	ner Nu	ımber	000	021	0								
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Country	USA	Telephone (73						2)594-2675 <b>Fax</b>						(732)594-4720		
I hereby dec belief are be the like so m may jeopard	lieved t ade are	o be true; an punishable l	d further to by fine or	that th impri	ese sta sonme	tements nt, or bo	were th, ur	madender 1	with t 8 U.S.	he knov	vledge that	t willf	ul false	staten	nents and	. <b>d</b> 
Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor																
Given Name (first and middle [if any])							Family Name or Surname									
Changyou							Z	Zhou		_	-					
Inventor's Signature											Date					
Residence: City	Plainsboro State Country US Citizenship US															
Mailing Address				_							_		,			
City		Rahway				_	s	tate	NJ	ZIP	07065-0	907	Cou	ntry		
X Additional	invento	rs are being n	amed on th	ne <u>l</u>	_ suppl	emental A	Additi	onal In	ventors	(s) sheet	(s) PTO/SB	/02A a	ttached l	hereto.		

## DECLARATION AND POWER OF ATTORNEY

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any])						Family Name or Surname										
Alexander							Pasternak									
Inventor's Signature									Date	e						
Residence: City	Prin	ceton	State	NJ		Country US				Citizenship US			US			
Mailing Address																
City		Rahway	State			NJ <b>ZIP</b> 0706			65-090	55-0907 Country						
Name of Additional Joint Inventor, if any:							A petition has been filed for this unsigned inventor									
Give	n Na	ame (first and middle [if	any])			Family Name or Surname										
Lihu					Z	Yang										
Inventor's Signature				Date												
Residence: City	Edis	son	State	NJ		Country US				C	Citizenship US					
Mailing Address																
City Rahway			State N			ZIP 07065-090			5-0907		C	Country	<u>/</u>			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name (first and middle [if				any]) Family Name or Surname												
Inventor's Signature						Date										
Residence: City	s					Country				Citizenship						
Mailing Address											•					
City	Rahway				Sta	ate NJ		ZIP	07065-	7065-0907 <b>Country</b>						
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])						Family Name or Surname										
Inventor's Signature							Date									
Residence: City	State					Country Citizenship										
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City	Rahway					ate NJ		ZH	07	065-0	0907	Cour	ıtry			